



EMERGENCY CONTACT SHEET

The best time to prepare for an emergency is before it happens. Fill out this sheet, fold, and place on your refrigerator. Be sure to let family, babysitters and others know where it is located.

EMERGENCY NUMBERS

In an Emergency Dial 9-1-1

Doctor's Name: _____

Dentist's Name: _____

Pharmacy Name: _____

Poison Control Center: 800-222-1222

Doctor's Number: _____

Dentist's Number: _____

Pharmacy Number: _____

HOME INFORMATION

Street Address: _____

City/State/Zip: _____

Apt/Suite #: _____

Home Phone: _____

FAMILY CONTACT NUMBERS

Emergency Contact 1

Name: _____

Cell Phone: _____

Relationship: _____

Alternate Phone: _____

Emergency Contact 2

Name: _____

Cell Phone: _____

Relationship: _____

Alternate Phone: _____

FAMILY MEMBER INFORMATION

Family Member 1

Name: _____

DOB: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

_____ *More medications? Attach a printed list.*

Health Insurance Company: _____

Policy #: _____

Family Member 2

Name: _____

DOB: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

_____ *More medications? Attach a printed list.*

Health Insurance Company: _____

Policy #: _____

Need to update this form? Download a fillable form at www.greaternwems.com under "Resources" or email Greater Northwest EMS at lisa.gnwems@midconetwork.com

Family Member 3

Name: _____ DOB: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

_____ *More medications? Attach a printed list.*

Health Insurance Company: _____ Policy #: _____

Family Member 4

Name: _____ DOB: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

_____ *More medications? Attach a printed list.*

Health Insurance Company: _____ Policy #: _____

----- FOLD HERE -----

Family Member 5

Name: _____ DOB: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

_____ *More medications? Attach a printed list.*

Health Insurance Company: _____ Policy #: _____

Family Member 6

Name: _____ DOB: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

_____ *More medications? Attach a printed list.*

Health Insurance Company: _____ Policy #: _____

----- FOLD HERE -----

FOLD HERE - with "Emergency Contact Sheet" facing out and place on refrigerator.

EMERGENCY CONTACT SHEET



DISCLAIMER: This form is meant to be utilized as a resource. Greater Northwest EMS does not claim this form contains all necessary information, nor does it verify the accuracy of information provided.